

State of Washington Enrollment Form

FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

You must complete this form if you wish to start a tax-free Medical Expense Flexible Spending Account.

P.O. Box 1878, Tallahassee FL 32302-1878 • Customer Service 1-800-342-8017						
Press hard with ballpoint pen. Name (Please Print) Last			MI	Social Sec	urity #	
Home Address Street		City			State	ZIP
Daytime Phone Home Phone		Date of Hire	Date of B	Birth		Annual Salary
Enrollment Status: Open Enrollment Chang	e in Status	New Hire	Payroll E	ffective Date		Plan Effective Date
Number of deductions paid 24 18 Employees who work this plan year:	less than 9 months of th	he year – I expect to receive	paych	ecks during th	ne 2006 Plan	Year. (January 1- December 31, 2006)
Indicate the amount you wish to pay through tax-free salary deduction Complete the worksheets provided in your Flexible Spending Account you have questions, consult your FSA packet or call FBMC Custon	ınt (FSA) packet be	fore deciding on the am	ount.			
In Box #1 indicate the dollar amount you elect to contribute for In Box #2 indicate the number of regular payroll checks with In Box #3 indicate the deduction amount per paycheck. (Note slightly by FBMC due to rounding).	deductions you ex e: if Box #2 times	xpect to receive during s Box #3 does not equ	the plan ye al Box #1 e	ear. exactly, the	e amount	in Box #3 may be changed
By signing this form you certify that you expect to receive the runpaid leave, or for planned retirement, or any other anticipated		cks listed in Box #2. li	f appropriat	•		nber to allow for anticipated
MEDICAL EXPENSE FLEXIBLE SPENDING ACCOU	INT	F	Please check t	EMPLOY the box by y	/ER our employ	er name:
For uninsured eligible medical expenses incurred by you, your family me [Maximum allowable contribution is \$2,400; minimum is \$2		695 - Bates Techni 627 - Bellevue Cor 694 - Bellingham 629 - Big Bend Co	cal College mmunity Coll Technical Col mmunity Col	ege lege	662 - Olyn 665 - Peni 637 - Piero 693 - Rent	npic College nsula College ce College on Technical College
Box #1 Total Plan Year Annual Amount Box #2		634 - Cascadia Co 375 - Central Wasi 632 - Centralia Co 635 - Clark Colleg	nington Unive Ilege	ersity* 	672 - Sho 674 - Skaq 675 - So.	tle Community College District reline Community College pit Valley College Puget Sound Community College
Number of Regular Paychecks Expected this Plan Year		696 - Clover Park 639 - Columbia Ba	sin College		352 - State	kane Community College District Be Board for C & TC The Community College
Box #3 Reduction Per Regular Paycheck		370 - Eastern Washington University 678 - Tacoma Community College 360 - University of Washington 605 - Everett Community College 686 - Wenatchee Valley College 691 - Yakima Valley Community College				rersity of Washington atchee Valley College
 IMPORTANT I hereby authorize my employer to reduce my gross salary before federal income taxes are calculated by the total amount of annual salary deduction indicated above. I understand that any amount remaining in any FSA not used during this plan year and grace period will be forfeited since it cannot be carried forward to the next 		☐ 652 - Highline Cor	Community C mmunity Coll gton Technical	College 🔲 ege 🔲	365 - Was 380 - Wes	a Walla Community College hington State University* tern Washington University* tcom Community College
 I understand that the funds in one FSA cannot be used to reimburse expenses covered by another FSA. I understand that expenses for which I am reimbursed cannot be deducted on my income tax return. I understand that the funds in any FSA can only be paid out to reimburse payment of eligible expenses actually incurred during my period of coverage. I understand that the amount of salary deduction will include the items specified above and will continue in effect unless I terminate employment or file an approved Change In Status with the contract administrator within 30 days of the event or before the end of the plan year. 	 I understand and agree that my employer and FBMC, the contract administrator, will not incur, and I specifically release from them, any liability resulting from either my participation in any FSA or my failure to sign or accurately complete this enrollment form. I further understand that if I elect not to participate in salary deduction with respect to the benefits listed above, I hereby forego my right to participate during the upcoming plan year, unless otherwise provided by law. 					
	e items specified r file an approved	Please send this signed form to the attention of FBMC Enrollment Processing, P.O. Box 1878 Tallahassee, FL 32302-1878 or fax to 850-514-5806. * If employed by these Universities - please send form to your Benefit Office.				
Employee Signature				Date Signed	i	

- FBMC USE ONLY -

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SPECIAL NOTES

SCANNED

VERIFICATION

DATA ENTRY

Completing your Enrollment Form

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Duptine Please Charge in Status Open Enrollment Change in Status Duptine Please Duptine Pl		Plan Year (January 1-December				
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Indicate the amount you wish to pay through tax-free salary deduction by completing the section below. Complete the worksheets provided in your Flexible Spending Account (FSA) packet before deciding on the amount. If you have questions, consult your FSA packet or call FBMC Oustomer Service at 1-800-342-9017. In Box #1 indicate the dollar amount you elect to contribute for the plan year, which is January 1, 2006 through December 31, 2006. In Box #3 indicate the doubtion amount you elect to contribute for the plan year, which is January 1, 2006 through December 31, 2006. In Box #3 indicate the doubtion amount you elect to contribute for the plan year, which is January 1, 2006 through December 31, 2006. In Box #3 indicate the deduction amount per paycheck. (Note: IBOX #2 times Box #3 does not equal Box #1 exactly, the amount in Box #3 may be change slightly the FBMC due to rounding). By signing this form you certify that you expect to receive the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipate in Box #3 indicate the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipate in Box #3 indicate the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipate in Box #3 indicate the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipate in Box #3 indicate the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipate in Box #3 indicate the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipate in Box #3 indicate the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipate in Box #3 indicate the number of paychecks listed in Box #2. If appropriate, decrease the number of allow for anticipate in Box #3 indicate the number of allow for anticipate in Box #4 in	Enrollment Status: Open Enrollment Change in Status					
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### MEDICAL EXPENSE FLEXIBLE SPENDING ACCOUNT For uninsured eligible medical expenses incurred by you, your family members, or both. [Maximum allowable contribution is \$2,400; minimum is \$240]	In Box #2 indicate the number of regular payroll checks with deductions you In Box #3 indicate the deduction amount per paycheck. (Note: if Box #2 tim	expect to receive during the plan year.				
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For uninsured eligible medical expenses incurred by you, your family members, or both. [Maximum allowable contribution is \$2.400; minimum is \$240.] Maximum allowable contribution of \$2.400; minimum is \$240.] Maxi	MEDICAL EXPENSE FLEXIBLE SPENDING ACCOUNT	EMPLOYER Please check the hox by your employer name:				
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Number of Regular Paychecks Expected this Plan Year 696 - Clover Park Technical College 352 - State Board for C & TC	Total Plan Year Annual Amount	375 - Central Washington University* 672 - Shoreline Community College 632 - Centralia College 674 - Skagit Valley College				
Box #3 Reduction Per Regular Paycheck Employees working 12 months will see G83 - Wantachee Valley College G86 - Wenatchee Valley College G81 - Vakima Valley Community College G83 - Wala Walla Community College G83 - Washington State University* G84		696 - Clover Park Technical College 676 - Spokane Community College District 352 - State Board for C & TC				
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of eligible expenses actually incurred during my period of contract administrator within 30 days of the event or before the end of the plan year. Employee Signature of eligible expenses actually incurred during my period of contract administrator will include the analysis above and will continue in effect unless I terminate employment or file an appropriate the end of the plan year. Please send this igned form to the attention of FBMC Fromment Processing, P.O. Box 1878 Tallahassee, FL 32302-1878 or fax to 850-425-6220. * If employed by these Universities - please send form to your Benefit Office. FBMC USE ONLY	 I understand that the funds in one FSA cannot covered by another FSA. I understand that expenses for which I am reimbur contribution wil income tax return. 	expect to work during their their annual FSA l be divided by the their they would the benefits listed above, I hereby forego my right to				
FBMC USE ONLY —	of eligible expenses actually incurred during my period of considerable. I understand that the amount of salary deduction will include the mass pecified above and will continue in effect unless I terminate employment or file an approach that the contract administrator within 30 days of the event or	Please send this agned form to the attention of FBME Formment Processing, P.O. Box 1878 Tallahassee, FL 32302-1878 or fax to 850-425-6220.				
	Employee Signature	Date Signed				
DATA ENTRY VERIFICATION SCANNED INDEXED SPECIAL NOTES						